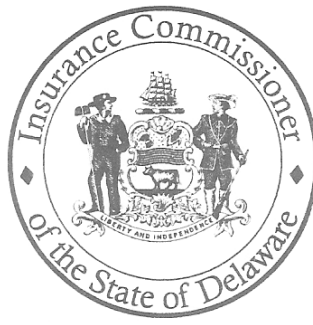


Matthew Denn
Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

CE-5

CONTINUING EDUCATION COURSE EVALAUTION

Provider/School/Organization: _____

Course Title: _____

Course Number: _____ **Course Location:** _____

Instructor: _____ **Course Date:** _____

Please rate the following for the listed course using a scale of 1-5 with 5 the highest. **Your evaluation form should be mailed/faxed to the address/number above, or left in the Licensing Division's in-box at the Delaware Insurance Department.** Do not return to the provider. You may duplicate this form and submit for other courses you have recently completed.

Speaker Evaluation:	Excellent	Good	Average	Fair	Poor
Subject Knowledge	5	4	3	2	1
Organization & Preparation	5	4	3	2	1
Focused on the Subject	5	4	3	2	1
Attitude Towards Class	5	4	3	2	1
Use of Visual Aids/Handouts	5	4	3	2	1
Speaking Ability	5	4	3	2	1
Sensitivity to Time Schedule	5	4	3	2	1

Course Content:	5	4	3	2	1
Organization	5	4	3	2	1
Relevance	5	4	3	2	1
Instructional Value	5	4	3	2	1
Kept the Class's Attention	5	4	3	2	1
Clear & Concise	5	4	3	2	1
Quality of Materials Provided	5	4	3	2	1

Facility Evaluation: (If applicable)	5	4	3	2	1
Convenient Location	5	4	3	2	1
Adequate Parking	5	4	3	2	1
Classroom Conditions	5	4	3	2	1

Would you recommend this school/course to others? ☐ Yes ☐ No
Did you get your "money's worth"? ☐ Yes ☐ No

Please make any additional comments (will remain confidential) here or on the back of this form:

Name, License # and/or Address (optional):

Please return this form within 5 days. We appreciate your time and cooperation. For any questions, please call (302)674-7390.